



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-9940

Aesthetician Type 6 Application (upgrade)

AESTHETICIAN TYPE 6 APPLICANTS **INSTRUCTIONS**

A COMPLETED APPLICATION MUST INCLUDE:

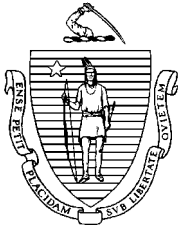
- A small 2 " x 2" photo
- A money order made payable to the Commonwealth of Massachusetts
- A copy of your current type 7 license. Your license **must be active**, an expired license status will deem you ineligible to upgrade.
- A notarized affidavit certifying:
 - a) the date you started and stopped working for each employer
 - b) whether the work was full or part-time (full-time entails 5, 8 hour days per week; part-time entails a minimum of 24 hours per week/40 weeks per year)
 - c) **two full years of practical work experience -- the Board will not consider any work experience obtained prior to becoming licensed in the field of aesthetics**

Failure to provide the appropriate information will cause a delay in processing and issuing a new license.

All application fees are non-refundable.

Normal application processing time for complete applications is between 3-4 weeks.

Incomplete applications can further delay processing time.



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-9940

Aesthetician Type 6 Application (upgrade)-Fee \$57.00

BOARD USE ONLY	
Board:	_____
License #:	_____
Type:	_____
Cash #:	_____
Cash Date:	_____

Please attach recent

2" X 2"

passport photograph here

1. Applicant Name: _____
Last First Middle
2. Maiden Name: _____
3. Current License#: _____ License Expiration Date: _____

BOARD USE ONLY		
Status Code: _____	Issue Date: _____	Lic. Exp. Date: _____

4. Date of Birth: _____ Place of Birth: _____
5. Permanent Address: _____
No. Street Apt. #

City/Town State Zip Code
6. Business Address (If Applicable): _____
No. Street Apt. #

City/Town State Zip Code
7. Telephone Number-Day: _____ Evening: _____
8. Social Security Number (**Mandatory**): _____
Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

9. List any licenses/certifications you hold in the United States or any country or foreign

jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. _____

10. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

11. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

12. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):

13. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): _____

14. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

15. Present Employer _____

16. Beauty School Attended _____

Name & Address of School

Date Started: _____

Date Finished: _____

17. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street, Boston, MA 02114
Board of Cosmetology
www.state.ma.us/reg/boards/hd
617-727-9940

EMPLOYER'S AFFIDAVIT

I hereby certify that I am a registered cosmetologist/aesthetician _____
name

_____ in good standing in the Commonwealth of Massachusetts and that
license number

_____ was employed by me (full or part) time under my
applicant's name

supervision from _____ to _____
month/day/year month/day/year

CIRCLE TYPE OF SALON EMPLOYED AT:

FULL SERVICE SALON TYPE 1 MANICURING SALON TYPE 3
BOOTH RENTER SALON TYPE 4 AESTHETIC SALON TYPE
5

Signed: **Name of Salon Owner/Manager** _____
 Address _____
 City & State _____ Telephone # _____
 Salon Name _____ Salon License # _____

THIS FORM WILL NOT BE ACCEPTED WITH ERASURES OR DATE CHANGES

Signed under penalties of perjury this _____ day of _____ 20 ____

THIS SECTION TO BE COMPLETED BY APPLICANT

I _____ hereby certify that I am a registered
aesthetician in good standing in the Commonwealth of Massachusetts and that my license
number is _____ and the expiration date is _____.
month/day/year

Signature of applicant _____

Name of Notary Public _____

Date Commission expires _____

Seal